

APPLICATION FOR CHANGE OF OCCUPANCY PERMIT:

(ONE APPLICATION MUST BE FILED FOR EACH LOT, BUILDING OR STRUCTURE)

Each application must have a site plan showing the location of the project, parking and landscaping or picture indicating accurate relevant dimension

PLANNING DEPARTMENT
100 S Market St. Troy, OH 45373
Phone (937)339-9481, Fax (937)339-9341
www.troyohio.gov



1 LOCATION OF PROJECT		Project Address		Subdivision		Lot No(s)																			
		Name of Business		Type of Use (Store, Bank, Restaurant etc.)																					
2 REQD INFO		Names (Please <u>Print</u>)		Mailing Addresses – Street, City, Zip Code		Phone (Day time)																			
OCCUPANT																									
APPLICANT																									
PROPERTY OWNER																									
3	Are you a New Tenant? Yes No		4	Building Area (square feet)																					
5	Total Number of Employees		6	Shared Parking Yes No		7	Total Number of Parking Spaces																		
8	Do you need signage? Yes No		9	What was building previously used for?																					
10 SIGN FULL NAME																									
<p>By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application will allow a representative of the City of Troy to enter said property for inspection purposes.</p> <p>Signature of applicant _____</p> <p>Date: _____</p> <p>Fax No. _____</p>																									
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APPROVAL CONTINGENT UPON THE FOLLOWING:																									
PERMIT ISSUED BY:						Signature of Applicant witnessed By and received by:																			
• REFER TO PERMIT NO:						• DATE:																			
RECEIVED:						NOTES:																			